



U.S. ENVIRONMENTAL PROTECTION AGENCY

# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	IAD073489288
I. NAME OF INSTALLATION	NORPLEX DIV
II. INSTALLATION MAILING ADDRESS	COUNTY ROAD NE POSTVILLE, IA 52162
III. LOCATION OF INSTALLATION	COUNTY ROAD NE POSTVILLE, IA 52162

## FOR OFFICIAL USE ONLY

COMMENTS	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
FIAD07348928831		800818

## I. NAME OF INSTALLATION

NORPLEX DIVISION
------------------

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX		CITY OR TOWN	ST.	ZIP CODE
PO BOX 445		POSTVILLE	IA	52162

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER		CITY OR TOWN	ST.	ZIP CODE
NE COUNTY RD		POSTVILLE	IA	52162

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
FENGER HAL PLANT MGR	319-864-7321

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
UOP

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL	M
--------------------------------	---

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
<input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
---------------------------------	----------------------------------	-------------------------------------	-----------------------------------	--

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO. IAD073489288
---	---	--

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



FOR OFFICIAL USE ONLY

W	1	A00	734	892	88	21
1	2	3	4	5	6	7

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002	32 U031	33 U069	34 U154	35 U159	36 U220
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)      ☒ 2. CORROSIVE (D002)      ☐ 3. REACTIVE (D003)      ☒ 4. TOXIC (D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>George J. Stamp</i>	NAME & OFFICIAL TITLE (type or print) GEORGE J. STAMP IND. REL. MANAGER	DATE SIGNED Aug 14, 1980
-------------------------------------	---	-----------------------------

**Norplex** Division  
1300 Norplex Drive • LaCrosse, Wisconsin 54601  
Telephone 608•784-6070•Telex 29-3422

U.S. Operations: La Crosse, Wisconsin - Headquarters  
Black River Falls, Wisconsin Franklin, Indiana Postville, Iowa  
European Operation: Wipperfurth, West Germany  
Pacific Headquarters: Kowloon, Hong Kong

August 13, 1980

RE: Norplex Division  
Postville Plant  
EPA ID No. IAD073489288

Gentlemen:

Please be advised that this facility is also equipped with a laboratory that has small amounts of chemicals on hand which (while not waste materials right now as defined by RCRA) may become hazardous waste in the future (as enumerated in Part 261.33).

We intend to handle any waste generated from the laboratory in a manner consistent with federal regulations.

Should you require any further assistance relating to the above, please feel free to contact us.

Sincerely,

NORPLEX DIVISION  
UOP Inc.



George J. Stunyo  
Manager, Industrial Relations

GJS/flj

**Norplex** Division

1300 Norplex Drive • LaCrosse, Wisconsin 54601  
Telephone 608•784-6070 • Telex 29-3422

August 13, 1980

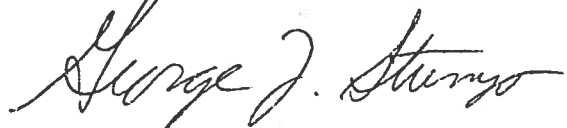
U.S. Operations: La Crosse, Wisconsin - Headquarters  
Black River Falls, Wisconsin Franklin, Indiana Postville, Iowa  
European Operation: Wipperfurth, West Germany  
Pacific Headquarters: Kowloon, Hong Kong

To Whom It May Concern:

No specific claims of confidentiality are being made with respect to the information being provided herewith due to the very general nature of the information requested. However, UOP hereby reserves the right to raise specific claims of confidentiality with respect to any other information that may be required to be submitted whether as part of this filing or any other filing. Nothing contained herein shall be construed as a waiver of any right to raise any such confidentiality claims.

Sincerely,

NORPLEX DIVISION  
UOP Inc.



George J. Stunyo  
Manager, Industrial Relations

**Norplex** Division  
1300 Norplex Drive • LaCrosse, Wisconsin 54601  
Telephone 608•784-6070 • Telex 29-3422

U.S. Operations: La Crosse, Wisconsin - Headquarters  
Black River Falls, Wisconsin Franklin, Indiana Postville, Iowa  
European Operation: Wipperfurth, West Germany  
Pacific Headquarters: Kowloon, Hong Kong

August 13, 1980

Gentlemen:

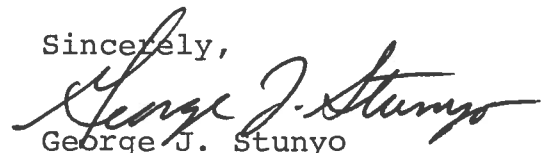
The installation which is the subject of the enclosed notification has not been and is not being operated as a Treatment or Disposal facility as these terms are defined under the EPA regulations governing hazardous wastes (40 CFR, part 261.3, promulgated May 19, 1980). However, we are currently storing hazardous wastes on an intermittent basis. Our current and future planned operations would result only in the classification of the installation as a Generator of hazardous wastes. Such hazardous wastes generated in our operations will be turned over to properly identified Transporters for disposal in properly permitted or interim status Treatment, Storage or Disposal Facilities under the manifest system in full compliance with the regulations.

We are concerned, however, that the Treatment, Storage and Disposal facilities which we are currently relying upon may, for one reason or another, become unavailable to us at some point in time. In such event, we could, for reasons beyond our control, find our installation facing the problem of operating as a storage facility merely because we are unable to locate a suitable alternate receiving facility within the 90-day time limit imposed by the regulations. Unless there is some relief under the regulations or unless we are properly permitted as a storage facility, we would probably have no option but to close down the operations of the installation. There is little likelihood that our processing schemes could be modified to achieve total recycle of all hazardous wastes within such period.

To protect against such eventuality, we have checked Block 59 in Section VI of EPA Form 8700-12 (6-80) indicating installation activity as a Treatment, Storage or Disposal Facility and are considering the decision of applying for a permit for such activity by the November 19, 1980, deadline set by the regulations. We recognize that this procedure will result in additional work for EPA in the review and approvals of permit applications but see no alternative if we are to protect the future of our operations.

Any advice or comments you might offer concerning alternatives that would adequately protect our future operations, minimize the work burden on EPA and still afford the desired protection of our environment would be most sincerely appreciated.

Sincerely,

  
George J. Stunyo

Manager, Industrial Relations